State Of Georgia Directory Assistance Metro Conference Call

Office 404-656-5502 Fax 404-651-7299

Guide to Conference Call Billing Information

Fill in the following areas:

DATE REQUESTED: The day the conference is requested.
 DATE TO BE PLACED: The day the conference will take place.
 TIME TO BE PLACED: The time the conference will begin.
 CONFEREES: Individuals that are included in the call.

*NOTE: If two individuals are at the same number, please only list one name. We can only contact one person per number.

5. CONTACT NUMBERS: Area code and number where callers can be reached. **6. BILL TO TELEPHONE:** The number the conference call will be billed to.

7. REQUESTOR'S NAME: Person requesting the conference call.

If the requestor is participating on the call, the requestor's name

should be listed with all other conferees.

*NOTE: The requestor/secretary should notify conferee to be

ready fifteen minutes prior to call.

8. SECRETARY: Secretary of the person requesting the conference call should put

their name next to the requestor's as a point of contact. Please notify

State Directory Assistance prior to faxing your request.

<u>PLEASE:</u> Verify all numbers before faxing your request. Inform conferees not to use speaker phone until everyone is connected

to the call.

Conference call request should be faxed at least 60 minutes

prior to call.

9. DEPARTMENT: Requestor's department. Also include the city the department is located in

BILLING RATES

Per minute in state .15
Per minute out of state .25

Conference calls should be scheduled to prevent timing conflicts. Call the Conference Operator at 656-5502/Atlanta, to schedule your conference. Give the operator a "bill to" number, list of the conferees, their telephone numbers and the time you wish to conduct the conference. We ask that you contact all conferees prior to the conference so they will be available to take the call. At the requested time, the operator will set up the conference and notify you after all the conferees are online.

Telecommunication Division Metro Conference Call

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Port #		

Billing Information

Date to be Placed		Time to be Placed				am / pm
Ending Time		am / pm Total Duration				
End Time Confirmed	d By					
End Time Confirmed By						
MEMO						
Conferees		Cont	act Numbers	Rate	Duration (Minutes)	Cost
	()	-			
2	()	-			
3	()	-			
-	()	_			
<u> </u>	()	_			
)	()	-			
1	()	-			
3	()	_			
)	()	_			
.0	()	-			
				Amount	Billed	\$
Bill to Telephone Nu	mber (()				
Requestor's Name	Department					
					l to District	